Complete and send this form, together with applicable fee(s) to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

23117

Κ.,

7590

06/09/2004

NIXON & VANDERHYE, PC 1100 N GLEBE ROAD 8TH FLOOR ARLINGTON, VA 22201-4714



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name) (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/024.613	12/21/2001	Grzegorz Stachowiak	3691-357	3865

REXAMINER ART UNIT CLASS-SUBCLASS	APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE I	PUBLICATION FEE \$300		TOTAL FEE(S) DUE \$1630		DATE DUE
PIZIALI, ANDREW T 1771 428-432000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Address form PTO/SB/122) attached. Address indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required. A. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Guardian Industries: Gorp. Auburn Hills, Michigan Please check the appropriate assignee category or categories (will not be printed on the patent); a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Sisue Fee A check in the amount of the fee(s) is enclosed. A Payment of Fee(s): A check in the amount of the fee(s) is enclosed. A Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayme Deposit Account Number 14-1140 (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.	nonprovisional	NO	\$1330						09/09/2004
2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Guardian Industries Gorp. Auburn Hills, Michigan Please check the appropriate assignee category or categories (will not be printed on the patent); individual \$\frac{1}{2}\$ corporation or other private group entity in governing the patent attorneys or agents. If no name is listed, no name will be printed. Auburn Hills, Michigan Please	EXAM	EXAMINER		IT (CLASS-SUBCLASS	7			
names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single from PTO/SB/42; attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Guardian IndustriesCGorp. Auburn Hills, Michigan Please check the appropriate assignee category or categories (will not be printed on the patent); Individual Q corporation or other private group entity govern a gents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorney or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up to 2 registered patent attorneys or agents of up	PIZIALI, A	NDREW T	1771	***************************************	428-432000	,			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Guardian Industries: Gorp. Auburn Hills, Michigan Please check the appropriate assignee category or categories (will not be printed on the patent); individual proposition or other private group entity govern day. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Publication Fee Advance Order - # of Copies 6 Advance Order - # of Copies 6 Advance Order - # of Copies 6 The Director is hereby authorized by charge the required fee(s), or credit any overpayme Deposit Account Number 14-1140 (enclose an extra copy of this form). Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. Authorized Signature) Joseph A. Rhoa 37,515 8-31-2004 Og/01/2004 EABUBAK2 00000126 10024613	CFR 1.363). Change of corresponded Address form PTO/SB/1: XX "Fee Address" indication PTO/SB/47; Rev 03-02	ence address (or Change of 0 22) attached. on (or "Fee Address" Indica	Correspondence	names of up to agents OR, alter firm (having as agent) and the r attorneys or age	3 registered patent a natively, (2) the name a member a registered names of up to 2 regist	ttorneys or of a single attorney or ered patent	1_Nixon_ 23	& Vand	erhye P.
4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Publication Fee Advance Order - # of Copies6 Pirector for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. Authorized Signature) Joseph A. Rhoa 37,515 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayme Deposit Account Number141140	(A) NAME OF ASSIGN	EE	(B) RESIDENCE: (CI	TY and STATE OR CO		or filing an ass	gnment.	assignment has
B Issue Fee □ A check in the amount of the fee(s) is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ Advance Order - # of Copies 6 □ The Director is hereby authorized by charge the required fee(s), or credit any overpayme Deposit Account Number 14-1140 (enclose an extra copy of this form). □ Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. Authorized Signature) □ A check in the amount of the fee(s) is enclosed. □ The Director is hereby authorized by charge the required fee(s), or credit any overpayme Deposit Account Number 14-1140 (enclose an extra copy of this form). □ A check in the amount of the fee(s) is enclosed. □ A check in the amount of	lease check the appropriate	e assignee category or category	ories (will not be pri	nted on the patent);	🗆 individual 🛭 🙀	corporation or c	other private gr	oup entity	☐ government
Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies6	a. The following fee(s) are	enclosed:	4b	. Payment of Fee(s)	:				
Advance Order - # of Copies6 By The Director is hereby authorized by charge the required fee(s), or credit any overpayme Deposit Account Number141140	🛎 Issue Fee			A check in the ar	mount of the fee(s) is en	closed.			
Authorized Signature) Joseph A. Rhoa 37,515 (Date) Joseph A. Rhoa 37,515 8-31-2004 09/01/2004 EABUBAK2 00000126 10024613	🛚 Publication Fee			2 Payment by cred	it card. Form PTO-2038	is attached.			
Authorized Signature) Joseph A. Rhoa 37,515 (Date) 09/01/2004 EABUBAK2 00000126 10024613	Advance Order - # of	Copies 6		The Director is Deposit Account N	hereby authorized by cumber 14-1140	harge the requi	ired fee(s), or lose an extra c	credit any o	verpayment, to orm).
Joseph A. Rhoa 37,515 8-31-2004 09/01/2004 EABUBAK2 00000126 10024613	Director for Patents is reque	sted to apply the Issue Fee a	and Publication Fee	(if any) or to re-app	ly any previously paid i	ssue fee to the	application ide	ntified above	e.
NULLE: The Issue Fee and Publication Fee (it required) will not be accepted from anyone I	Joseph A. Rh	<i></i>	8-31-2			EABUBAK2 OC	0000126 100	24613	

Authorized Signature)			(Date)	
Joseph A.	Rhoa	37,515	8-31-2004	
other than the applica	ant; a regist	ered attorney or	quired) will not be accepted from r agent; or the assignee or other p es Patent and Trademark Office.	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for Patents Alexandria Virginia 272313-1450. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

1330.00 OP 01 FC:1501 02 FC:1504 300.00 OP 03 FC:8001 18.00 OP